

Class _____

Mother's Day Out Ministry – First Baptist Church Atlanta Registration Form

Child's Full Name _____ Sex M / F Birthday _____

Home Address _____ City, State _____

Mother _____ Driver's License # _____

Father _____ Driver's License # _____

Names & Ages of other Children in Family

- 1) _____
- 2) _____
- 3) _____
- 4) _____



Preferred Attendance

- Full Time/Two Days
- Part Time/One Day:
Tuesday
Thursday

CONTACT INFORMATION

Mother

Father

Home Phone: _____

Cell Phone: _____

Work Phone: _____

IN CASE OF EMERGENCY, in which parents cannot be reached, please call:

1. _____

Name	Relation	D.L. #	Phone
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2. _____

Name	Relation	D.L.#	Phone
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In the event a parent cannot pick up the child, the above persons are authorized to do so. Please give any special instructions as to who may or may not pick up your child from MDO *other than those listed above.*

May Pick Up: _____

May Not Pick Up: _____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

Name of Child's Physician: _____ Phone: _____

List of Child's Allergies _____

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility staff to take my child to Atlanta Memorial Hospital. I give my consent for any and all necessary treatment.

Parent/Guardian Signature

Date

Please notify the Director of any changes to this information in writing.

Complete Back of Form

How did you hear about Mother's Day Out?

Church Membership or Attendance _____

If your family is interested in learning more about FBC Atlanta, its ministries and activities, please specify the type of activities, age ranges:

Mother's Day Out Tuition

Two Days a Week

\$100 per month – One child
\$90 per month – Second child (or more)

One Day a Week

\$70 per month – One child
\$60 per month – Second child (or more)

All Tuition fees are due on the first Tuesday of each month. After the 15th of the month, a \$10 late fee will be charged. All accounts must be kept current.

Parent Signature of Agreement

Date

OFFICE USE ONLY

Registration Fee: Amount/Type

Paid on: _____

Class Placement:

Waiting List/Date: